Results: One hundred and thirty sets of notes were reviewed (88 male, age range 37 to 94 years; median 73 years). The results were analysed according to three groups - trainees operating without consultant supervision (Group T; n=16), trainees supervised by consultants (Group T&C; n=24), consultants as primary surgeon (Group C; n=90). Patient age and proportion of emergency to elective cases between groups T and C and between groups T and T&C were significantly different. In terms of outcome - only 30 day and 1 year mortality rates between Group T and Group C were found to be significantly different.
Conclusion: One year mortality is significantly different when comparing trainees operating without supervision versus consultants as primary surgeon; however, this may be attributable to differences in patient population and proportion of emergency cases. Trainees operating without consultant supervision may provide worse outcomes but with proper supervision, outcomes are the same as with consultant as the primary surgeon.

0711 RESUSCITATING THE CRITICALLY ILL CHILD – SHOULD THE ADVANCED PAEDIATRIC LIFE SUPPORT COURSE BE MADE MANDATORY FOR ENT TRAINEES?

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Aim: To conduct a national survey to gauge the confidence of ENT higher specialty trainees in dealing with the critically ill child.
Method: A survey distributed to all UK ENT higher specialty trainees and collected by an online survey service. Undertaken between the months of September and November 2010.
Results: A total of 74 out of 337*(22% response) of UK ENT higher specialty trainees completed the questionnaire, of which 34 were near to the end of completing their training (ST6/SpR4+). 34% (n=25) had attended an APLS course or equivalent before. 54% were confident performing basic life support in children. 82% were confident dealing with an airway/breathing problem in a child. 20% were confident performing advanced life support. 42% were confident managing a child in shock. 87% did think that attending an APLS course would form a useful part of their ENT training.
Conclusion: This survey highlights areas where ENT trainees feel deficient in managing the critically ill child. Although 87% of trainees felt that APLS should be a mandatory course in ENT training, 34% of trainees had actually attended the course. This compares more favorably to previous postal questionnaires that found that only 9% of ENT consultants held a certificate1.

0712 LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: COMPLICATIONS REQUIRING FURTHER SURGERY, WEIGHT LOSS AND READMISSIONS IN A COHORT OF 309 PATIENTS

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Aim: To determine the frequency and aetiology of complications, readmissions and weight loss following laparoscopic roux en y gastric bypass (LRYGB) in a cohort of 309 patients.
Methods: Data was analysed from a prospective database.
Results: 309 patients underwent LRYGB between January 2005 and August 2010 with no mortality. Patients have achieved an excess body weight loss of 54.3% at a mean follow-up of 17.9 months. Mean age at LRYGB was 43.4, operating time 3h 00m, postoperative hospital stay of 3.7 days. Rates of early (<30d) and late (>30d) readmission were 6.5% and 15.5% respectively. 13.9% patients had BMI ≥60 and 4.5% were aged 60 or over. Major complications requiring early reoperation (<30d) were seen in 6 (1.9%) patients: 2 haemorrhages, 2 anastomotic leaks, 1 paraumbilical hernia and 1 relook laparoscopy with no abnormality seen. Major complications in the late (>30d) postoperative period included: 1 anastomotic leak, 4 internal hernias, 4 incisional hernias, 3 redo jejunojunostomy, 5 adhesiolysis.
Conclusions: We report safe and effective performance of laparoscopic roux en y gastric bypass in a new bariatric unit with acceptable morbidity, mortality, and weight loss that is comparable with other reported series.

0713 BLADDER MANAGEMENT FOLLOWING THE REPAIR OF COLOVESICAL FISTULAE

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Background: The purpose of this study was to assess current practice amongst surgeons with regards timing of urinary catheter removal and to assess the value in performing a routine postoperative retrograde cystogram following repair of CVF.
Method: Patients were identified from a prospectively maintained radiology database. Main outcomes measured were the number of postoperative days to performing cystogram, whether the cystogram revealed a urine leak and the number of postoperative days to catheter removal. Urinary tract complications were also recorded.
Results: 32 patients were identified as having undergone a post-operative cystogram. Aetiology was diverticular disease (n= 26), neoplasia (n=5) and Crohn's disease (n=1). All bladder repairs were simple (trigone not involved). Mean time to cystogram was 10.5 days (5-14). Two urine leaks were detected. Mean time to catheter removal was 13.1 days (5-21). Six patients (19%) developed UTIs.
Conclusion: This study shows that a routine follow-up cystogram following simple bladder repair during the surgical repair of a CVF may not be necessary, however larger studies are required and at present this should be left to the discretion of the operating surgeon. Prolonged urinary catheterization causes complications such as urinary tract infection and patient discomfort, as well as prolonged hospital stay. The timing of catheter removal needs more scrutiny and practice needs to be standardised.

0716 PSYCHOLOGICAL PREDICTORS OF WEIGHT LOSS FOLLOWING BARIATRIC SURGERY

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Aims: To assess the value of a pre-operative psychological assessment as a predictor of weight loss in patients undergoing Bariatric surgery. Comparing Becks Anxiety Inventory (BAI) score and Becks Depression Inventory (BDI) score with percentage excess weight loss.
Methods: All patients undergoing bariatric surgery in two hospitals between January 2009 & October 2010 were included. All had a pre-operative psychological assessment by a single chartered psychologist. Peri-operative and follow-up data was extracted from the prospectively collected National Bariatric Surgery Registry. Data was analysed using SPSS version 19.
Results: 105 patients underwent surgery during the study period (n=79 female). Median age was 47 (range 25-62) years. The median follow up period was 8 months.
Comparison of BAI score (n= 64) against percentage excess weight loss: minimal anxiety 56% (n=33); mild anxiety 45% (n=19); moderate anxiety 46% (n=9) and severe anxiety 44% (n=3).
Comparison of BDI score (n=64) against percentage excess weight loss: minimal depression 55% (n=32); mild depression 48% (n=12); moderate depression 46% (n=10) and severe depression 41% (n=10). Linear regression: t = -2.088 (P= 0.041).
Conclusions: We have shown a significant link between severity of depression and excess weight loss after bariatric surgery. This may have implications in our future practice.

0717 COMPLETENESS OF SKIN CANCER EXCISIONS: DATA COLLECTION AND 12 MONTH RESULTS

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